

12 DEC 10 PM 3:28

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (In full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Elizabeth for MA, Inc.

ADDRESS (number and street)

P.O. Box 290568

Check if different
than previously
reported. (ACC)

Boston

MA

02129

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00500843

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

MA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

In the
State of

(c) 30-Day POST-Election Report for the:

X

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

In the
State of

MA

5. Covering Period

M M / D D / Y Y Y Y
10 18 2012

through

M M / D D / Y Y Y Y
11 26 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bruce Mann

Signature of Treasurer

Date

M M / D D / Y Y Y Y
11 28 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)